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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Uganda

Proposed UNFPA assistance: $24.0 million, $16 million from regular resources and $8 million from multi-bilateral and/or other, including regular, resources

Programme period: 4 years (1997-2000)

Cycle of assistance: Fourth

Category per decision 96/15: A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	10.0	6.5	16.5
Population & development strategies	3.5	1.5	5.0
Advocacy	2.5	-	2.5
Total	16.0	8.0	24.0

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UGANDA

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	38.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	5.0	≥55
Access to basic health services (%)[3]	49.0	≥60
Infant mortality rate (/1000)[4]	115.0	≤50
Maternal mortality rate (/100,000)[5]	550.0	≤100
Gross female enrolment rate at primary level (%)[6]	59.1	≥75
Adult female literacy rate(%)[7]	46.4	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, Education for All - Status and Trends, 1994.*

Demographic Facts

Population (000) in 1995	21,297
Population in year 2000 (000)	24,618
Sex ratio (/100 females)	98.5
Per cent urban	12.5
Age distribution (%)	
Ages 0-14	48.8
Youth (15-24)	19.3
Ages 60+	3.9
Percentage of women aged 15-49	43.4
Median age (years)	15.6
Population density (/sq. km.)	90
Annual population growth rate (%)	2.9
Urban	5.4
Rural	2.5
Crude birth rate (/1000)	48.4
Crude death rate (/1000)	19.4
Net migration rate (/1000)	0.0
Total fertility rate (woman)	6.72
Life expectancy at birth (years)	
Males	42.2
Females	44.3
Both sexes	43.3
GNP per capita (U.S. dollars, 1994)	200

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1994 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1994 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

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1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1997-2000 to assist the Government of Uganda achieve its population and development objectives. UNFPA proposes to fund the programme in the amount of $24 million, of which $16 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $8 million from multi-bilateral resources and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15. This would be UNFPA's fourth programme of assistance to Uganda.

2. The proposed programme was prepared in close collaboration with national authorities. It takes into account the recommendations of the 1996 programme review and strategy development (PRSD) exercise, the Government's overall objectives on population and development as reflected in numerous policy documents, including the National Population Policy, and the harmonized programme cycles and relevant programme documents of the members of the Joint Consultative Group on Policy (JCGP) and other multilateral and bilateral donors. Programme formulation also included contributions from national and international non-governmental organizations (NGOs) active in the fields of population, reproductive health and gender in Uganda.

3. The proposed programme will assist the Government in updating and implementing the National Population Policy at the central and district levels. It also aims at strengthening the human resource and institutional planning and implementation capacity of both governmental and non-governmental partners to provide quality reproductive health services both at the central level and in 26 districts targeted for focused UNFPA interventions. Uganda has been classified as a category "A" country in terms of UNFPA's new approach for resource allocations, and the proposed programme will include interventions in all three of UNFPA's core programme areas -- reproductive health, including family planning and sexual health; population and development strategies; and advocacy.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Political instability in the 1970s and early 1980s seriously weakened Uganda's social, health and economic infrastructure. Uganda's economy has been recovering in the past decade, with an average growth of 6.7 per cent and an inflation rate in the single digits. However, most of the country's health and development indicators remain extremely low: life expectancy at birth is 43 years; the per capita gross national product (GNP) was estimated at $220 in 1995; adult literacy is only 46

per cent for females and 72 per cent for males; and close to 60 per cent of the population lives below the officially established poverty line.

6. Health conditions in the country are very poor and access to medical services quite limited. Approximately 60 per cent of the nation's health care is provided by the Government, the rest by NGOs. Government policy is to provide a primary health care facility for every 20,000 people, but currently less than one third of the population lives within 5 kilometres of a health centre. Moreover, most health facilities and qualified staff are concentrated in the urban areas, while close to 90 per cent of the population lives in rural areas, where half of all health care is provided by untrained persons. Furthermore, a significant percentage of the existing 1,600 health centres do not offer reproductive health services. Infant and under-five child mortality rates are 115 and 203 per 1,000 live births, respectively; the maternal mortality rate is 550 per 100,000 live births; and more than 22 per cent of deliveries are attended by untrained relatives or untrained traditional birth attendants (TBAs). According to the 1995 demographic and health survey, 30 per cent of currently married women have an unmet need for family planning. Uganda is also one of the countries in the world most affected by the AIDS epidemic: it is estimated that over 1.7 million Ugandans were HIV-positive in 1995 (8.5 per cent of the total population).

7. Under a new Constitution promulgated in 1995, the governmental administrative system has been fully decentralized, and each of the 39 districts can now determine its respective development strategies within national socio-economic priorities. Government officials as well as community and clan leaders have all become more receptive in the last few years to population programmes. The Government adopted a comprehensive population policy in 1995 but still lacks the requisite implementation plans. The Government also formed explicit policies and strategies to promote gender equity and equality. The affirmative action policy underlying the new Constitution has established a position of Secretary for Women at each level of the Local Council Committees. Uganda is also signatory to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW).

Previous UNFPA assistance

8. UNFPA's third country programme for Uganda was approved for the period 1993-1996 in the amount of $14 million, of which $10 million was to come from UNFPA's regular resources. The programme's mid-term review recommended, and the Executive Board approved, a supplementary funding of $6.2 million, bringing the total budget to $20.2 million. By the end of 1996, $18 million has been spent, including $3 million in multi-bilateral funding contributed by Belgium, Finland, Sweden and the United Kingdom.

9. Previous UNFPA assistance in Uganda has resulted in a number of concrete achievements. UNFPA supported the formulation of the National Population Policy, the drafting of the National

Action Plan drawing on the ICPD Programme of Action, the creation of a Population Secretariat, and the institutionalization of population and family life education units in a number of ministries. UNFPA programmes also contributed to an approximate 20 per cent reduction in both the infant and under-five child mortality rates, an increase in the contraceptive prevalence rate, a slight decline in fertility rate from 7.3 to 6.7 and a fourfold increase in the number of health centres offering reproductive health services. UNFPA also helped develop a health information and contraceptive logistics system, training curricula on family health skills, and numerous other community- and youth-centred programmes.

10. Success, however, has been limited in other areas. Maternal mortality and morbidity figures continue to be very high; adolescents, in particular, continue to be at a high risk of early pregnancies and sexually transmitted diseases (STDs), including HIV/AIDS; there is very little male involvement in family planning; and the low socio-economic status of women persists. Constraints to further progress include a weak health infrastructure, poor communications and the low salary level of health workers.

11. A number of lessons can be learned from the previous programme. First of all, it has become clear that sectorally isolated programmes have only limited impact in bringing about desired change in attitudes and behaviours and are not the most cost-effective approach. Likewise, sensitization efforts have limited impact if they are not matched with available, affordable and accessible quality reproductive health services. Provision of such quality services need to involve a range of medium- to long-term investments and operational instruments, including building institutional capacity, motivating health workers and improving their working conditions, helping these workers to acquire planning, management and service-provision skills, and matching users' and service providers' perceptions at all levels of service delivery. Also, it has become evident that although policy documents represent an important legal and guideline framework, they are not likely to bring about a desired change if concrete strategies and programmes are not implemented. There is need to invest in alternative approaches to bring about change. Sociocultural barriers are likely to be removed only to the extent that desirable social change is promoted through a community participatory process. It is clear that such an approach has the merit of imparting a sense of ownership and contributing to programme sustainability.

Other external assistance

12. Given the huge development needs of the country and the promising prospects for a steady recovery, Uganda has become a priority country for a number of multilateral and bilateral development partners involved in population-related activities. The World Bank is a major provider of condoms in the country. With its District Health Project II, it is supporting reproductive health activities through provision of essential equipment and the construction and renovation of health facilities. The United States Agency for International Development (USAID) has a five-year, $44

million project designed to improve the delivery of reproductive health and family planning services that it is implementing in 10 districts. USAID is also supporting a social marketing programme. The British Overseas Development Administration (ODA) has a family health project that supports construction and renovation of health facilities and provision of essential equipment. The World Health Organization (WHO) is spearheading a "mother-baby package" in addition to its focus on primary health care, and UNICEF supports Safe Motherhood, reproductive health and STD-prevention activities particularly targeting youth.

13. UNFPA's comparative strengths in the country include the ability to promote a holistic approach to population problems and to demonstrate the viability of new approaches to both government and other donors. Other perceived advantages are its neutrality and cultural sensitivity, and its capacity to involve all prominent national parties in assuming direct "ownership" and control of national population activities. In the past, UNFPA has concentrated its support primarily in 26 districts, and this focus will continue under the proposed programme. Historically, this resulted from a geographic division of responsibilities by the Government among donors active in the population field in Uganda. The proposed programme will seek to ensure active coordination and harmonization with other development partners within the United Nations system as well as the NGO, multilateral and bilateral donor communities.

Proposed programme

14. UNFPA's fourth country programme will continue to support a comprehensive population programme; however, there will be a heavy emphasis on interventions in the area of reproductive health. At the national level, the programme will capitalize on the momentum gained so far in strengthening the technical capacity of central and district planners to develop and implement district-based action plans and in providing technical assistance to the Government in formulating a national reproductive health strategy. The proposed programme will focus on strengthening quality reproductive health services in the 26 targeted districts. In 20 of these districts there will be a specific focus on addressing the reproductive health needs of male and female adolescents through multi-purpose youth centres. In 13 of the districts there will be a special emphasis on reducing maternal mortality and morbidity using innovative and cost-effective referral systems.

15. In spite of past achievements and the presence of other donors, there still is a significant unmet need in the 26 districts UNFPA has assisted in the past in terms of basic reproductive health services. One aim of the UNFPA programme, therefore, is to extend such services to the health centres that do not yet offer them. The funding in the proposed programme will only be sufficient, however, to establish basic, clinic-based reproductive health services in these 26 districts. In addition, therefore, the new programme will fund, in an incremental fashion, maternal referral activities in a subset of 13 districts and support integrated reproductive health activities for adolescents in 20

districts, as noted above. It is expected that these demonstration activities will attract other donor interest for replication.

16. Reproductive health. To help Uganda achieve its national reproductive health objectives, the proposed programme is designed to assist the Government in the formulation of a needed national reproductive health strategy and to address the country's major reproductive health issues. The programme will enhance research, planning, monitoring and evaluation capacities at both the central and district levels. The Fund's proposed programme will seek to expand integrated reproductive health services in the 26 targeted districts from 783 to all 1,044 health centres and to expand the community based distribution programme to cover an additional three sub-counties in each of the 26 districts per year, thus reaching a total of 312 sub-counties by the year 2000. In addition, because of Uganda's extremely high maternal mortality and morbidity, UNFPA will assist the Government in expanding the reproductive health referral system from 1 to 12 more districts, an average of three districts per year.

17. To address the lack of qualified and motivated health personnel, the programme will assist in enhancing the skills of an additional 5,000 TBAs in all 26 districts, making a total of 10,000 trained TBAs by the year 2000, i.e., 57 per cent of the TBAs country-wide and 85 per cent of the TBAs in the 26 districts. It will strengthen the training capacity of the Institute of Public Health and increase the number of training sites from four to eight to train middle- to low-level cadres of service providers, including 1,200 reproductive health nursing aides.

18. To counter the high rate of exposure to STDs, including HIV/AIDS, and early pregnancies among adolescents, the programme will provide youth-friendly reproductive health counselling and services by expanding the number of multi-purpose youth centres from 22 to 110 by the year 2000, an average of 22 new centres a year in 20 districts. The proposed programme will reach out directly to districts and community groups to promote the elimination of gender imbalances and harmful traditional practices, including female genital mutilation, and the involvement of men.

19. Population and development strategies. UNFPA's programme in terms of population and development strategies is geared towards assisting the Government in updating its National Population Policy and fully developing district action plans that take into account the recommendations of the ICPD and the Fourth World Conference on Women. The country has weak human resource and institutional capacity in terms of the overall development planning process, including data collection and analysis; formulation of policies, strategies and implementation plans; and monitoring and feedback. The proposed programme therefore aims to enhance the technical and institutional capacity of central and district planning units to ensure integrated population and development planning at the district level. Due to persistent gender disparities in Ugandan society, the programme places emphasis on promoting greater gender equality in the design and implementation of the district action plans.

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20. To achieve these objectives, the technical capacity of the Population Secretariat will be strengthened to better advocate population and gender issues at the national and district levels, as well as to develop policy guidelines, coordinate population and development programmes and provide technical backstopping to District Planning Units. The institutional, technical and analytical capacity of the Population Unit of the Bureau of Statistics and the District Planning Units will also be strengthened to ensure production and utilization of policy-relevant demographic, socio-economic and gender-disaggregated data and analysis. This will include assistance in preparing for the census planned for the year 2000.

21. The proposed programme will support training and applied research at Makerere University and other relevant institutions in pertinent population, reproductive health, HIV/AIDS, gender and sociocultural subjects. The aim will be to link the University as data and information producer to the central and district planners and users and to make use of the University as a trainer to ensure a critical human resource mass, particularly in the context of decentralization. In addition, the programme will assist the Government in devising concrete coordination and collaboration mechanisms and in promoting active coordination amongst institutions and individuals involved in Uganda's population programmes.

22. Advocacy. There is a widespread misperception in Uganda that population programmes are concerned mainly with reductions of numbers and are meant to curb the development of indigenous cultures. Community and religious leaders have only recently started to appreciate the key role population factors play in development. The programme therefore aims at assisting the Government in its efforts to foster positive attitudes among important policy makers, planners, and religious and opinion leaders vis-à-vis population issues in general and the national population programme in particular. The programme will also help the Government in enlisting the mass media and NGOs as advocates for population issues. In addition, the programme will work toward establishing advocacy networks with the Government and NGOs to bring about positive attitudinal and behavioural changes at the grass-roots level.

23. Because of the need for a strong advocacy of gender equity and reproductive rights, the programme will assist in building an adequate institutional and legal framework to provide the appropriate instruments to promote and sustain social change, especially regarding reproductive rights and towards promoting greater gender equity and equality, emphasizing a more gender-balanced division of roles and responsibilities in society and a conducive environment for women's economic and political empowerment. It will provide support for NGOs in their efforts to promote girls' education and the elimination of harmful traditional practices while enhancing the cultural values of Ugandan society and enhancing its identity.

Implementation, monitoring, evaluation and coordination

24. The previous country programme witnessed a significant increase of projects executed by the Government and national NGOs, and this trend is expected to continue. Priority will be given to governmental agencies and national NGOs in the execution of UNFPA-funded projects. In cases where the Government is not yet in a position to execute a given project, United Nations specialized agencies and/or international NGOs will be called upon as executing agencies after consultation with the Government and taking into consideration their respective comparative advantages.

25. Under the proposed country programme, the central and district governments will be assisted in coordinating donor inputs more effectively. A recent evaluation of the Population Secretariat recommended a number of measures to better coordinate population programmes in the country. The future role of the Secretariat will therefore include not only technical backstopping of the districts in the area of planning but provision of policy guidelines and harmonization of indicators of impact as well as advocacy for population issues, coordination of population programme implementation with respective line ministries, and assisting districts to mobilize resources for population programmes.

26. Programme monitoring and evaluation will involve submission of quarterly technical and financial progress reports and holding annual tripartite meetings at the end of each year of the cycle. It will also involve stepping up field monitoring visits to ensure timely anticipation and resolution of management and implementation problems and the commissioning of independent evaluations of projects before the tripartite annual meetings and before the mid-term review. The monitoring and evaluation mechanism will also include the commissioning of audits of projects on an annual basis and cost analyses, performance evaluations and sustainability appraisals of pilot projects on an ad hoc basis. The Country Support Team headquartered in Addis Ababa, Ethiopia, will provide technical backstopping. There will be a mid-term review at the end of 1998. The Ministry of Planning and Economic Development is UNFPA's government counterpart and in that capacity is responsible for the overall coordination of UNFPA- and other donor-supported programmes.

Recommendation

27. The Executive Director recommends that the Executive Board approve the programme of assistance for Uganda as presented, in the amount of $24 million over the period 1997-2000, $16 million of which would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of $8 million would be sought from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.